



## Greater Rostraver Chamber of Commerce

### 2012 Membership Application

Please complete with all contact information. This is the information that will appear in all GRC listings and publications. Please return this application, along with payment to the Greater Rostraver Chamber of Commerce. Thank you!

Membership Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Member Address \_\_\_\_\_

Member Telephone \_\_\_\_\_

Member Fax \_\_\_\_\_

Member E-Mail \_\_\_\_\_

Member Web Address \_\_\_\_\_

Home Phone (optional) \_\_\_\_\_

Type of Business/Org. \_\_\_\_\_

Please choose **three (3)** committees that you would like to serve on. (Please number by preference.)  
Committee involvement is encouraged, but not necessary to become a member.

- |   |  |
|---|--|
| <input type="checkbox"/> Finance (Budget and Audit) | <input type="checkbox"/> Christmas Celebration |
| <input type="checkbox"/> Business of the Month      | <input type="checkbox"/> Recognition Dinner    |
| <input type="checkbox"/> Ribbon Cuttings            | <input type="checkbox"/> Scholarship           |
| <input type="checkbox"/> Island and Welcome Signs   | <input type="checkbox"/> Membership            |
| <input type="checkbox"/> Publicity, Advertising,    | <input type="checkbox"/> Speakers              |
| <input type="checkbox"/> August Fun Fest            | <input type="checkbox"/> Fundraising           |
| <input type="checkbox"/> Golf Outing                |  |